

April 25, 2012

Good afternoon Chairman Opsommer and Transportation Committee Members,

My name is Diane Rapaport and I represent Hospice at Home with offices located in St. Joseph, Buchanan, and South Haven. Hospice at Home has been serving families in Berrien, Cass, Van Buren, and Allegan counties for over 30 years. Hospice at Home served eight hundred families in 2011 which represents care for approximately fifty percent of the patients eligible for hospice services in our community.

Hospice care is truly based on the needs of the patient and the family. The care embodies all aspects of what it means to be human – not just the physical dimensions of life but the existential as well. We provide medical and nursing care, personal care, and psycho-social, spiritual, and emotional care – not only for the patient but also for the family. Hospice care for the family extends beyond the death of the patient. Bereavement and grief support are provided for all caregivers, and, in our community, we also offer these services to people whose loved ones were not enrolled in a hospice program.

What we have found anecdotally and what evidence-based research supports is that hospice services provide peace and comfort for the patient and family. Physical symptoms are eased and the patient and family have time to reflect on their lives together and to ask for forgiveness and to give forgiveness. It is a "good death" in the patient's setting of choice, according to the patient's wishes, surrounded by family. And, afterward the bereaved have an easier time coping with their loss because of the experience of attending to their loved one's needs and witnessing a peaceful death.

In addition to hospice care providing a "good death", the cost for caring for a hospice patient is much lower than hospitalizations. Researchers from Duke University found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. Additionally, Medicare costs would be reduced for seven out of ten hospice recipients if hospice had been used for a longer period of time. Most Americans, around eighty percent, die in institutions, despite the fact that most Americans polled (85%) voice that they want to die at home.

Time is needed for patients and families to experience a "good death". Time to allow the patient and family to choose where death will occur, time to ease physical symptoms, time to reflect, time to say thank you and goodbye. Short lengths of stay in hospice do not allow for the peaceful feeling that hospice care can offer.

I urge you to support this bill. The license plate will promote awareness of hospice services. MHPCO will use the funds garnered from the selling of the plates for training throughout the state. In my community, education on the benefits of early referrals will be instrumental in gaining more time for "good deaths" and in helping to reduce healthcare costs.

Thank you,

Diane Rapaport

Director of Organizational Improvement

Hospice at Home

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